

MODULE 6 **Getting Off to the Right Start in a Formal Ethics Consultation Meeting**

Handout 6.1: Murphy's Law in a Formal Ethics Consultation Meeting—Playbill

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Handout 6.1

PLAYBILL

Health Care Theater Presents...

Murphy's Law in a Formal Ethics Consultation Meeting

*This is a fictitious dramatization designed for educational purposes.
The characters and setting are not intended to represent specific people or places,
but the ethical concerns described are similar to actual issues
faced by many health care organizations.*

PARTICIPANT HANDOUTS

CASE HISTORY*

Ethics Consultant Paula Pierce has convened a formal meeting to discuss the case of Phil Walton, an 89-year-old religious man who has resided for 3 years in a skilled nursing facility. He has been diagnosed with multiple medical problems, but the clinical picture is dominated by residual deficits from a prior stroke. Over time, his health has steadily declined, and he has become unhappy and isolated.

He announced recently that he has decided to stop eating and drinking altogether for the purpose of bringing about his death. He has an advance directive (Living Will) and a Durable Power of Attorney for Health Care appointing his daughter Tina as his health care agent. The documents are clear that he does not want any life-sustaining treatment.

The patient has been evaluated and has been determined to have full capacity to make the decision. He is believed to be depressed but refuses any medication. He has been moved to the hospice unit.

When the family expressed concerns about moving Mr. Walton to the hospice unit, the unit's director requested an ethics consultation. Mr. Walton's family consists of his daughter, 2 grandchildren, and a grandson-in-law. His wife has been dead for 16 years.

* *This case was originally developed by staff at the Hampton VA Medical Center.*

PARTICIPANT HANDOUTS

Setting

Hospice Unit Conference Room

Characters

Members of VA Staff:

Paula Pierce

Ethics Consultant, MD

Roy Allen

Hospice Unit Director, MD

Ellen Davis

Social Worker, Long-term Care Facility, MSW

Mr. Walton's Family (in order of appearance):

Lamar Nelson

Grandson

Tina Walton Nelson

Daughter and Health Care Agent

Sonia Nelson Williams

Granddaughter

Ira Williams

Grandson-in-law, Attorney

Props

- 3 chairs
- 1 beeper for Dr. Allen
- 1 handheld tape recorder for Ira Williams

Enactment

We join the action as Dr. Pierce enters the room...

Five people—the family members and Ellen Davis, the social worker—are already in the room. There are only 3 chairs so some are standing. Dr. Pierce is looking at her watch and appears to be a little flustered as she enters.

Paula: Ah! I see we have a somewhat larger group than I was expecting! Well, thank you all for coming. I'm sorry to be late—why don't we go ahead and get started. I'm Dr. Paula Pierce.

Sonia: Are you my grandfather's doctor?

Paula: No, I am a physician, but I'm here today in my role as an ethics consultant.

Lamar: Well, who's in charge, then? Who is running this meeting?

Paula: *(appears somewhat taken aback)* I will be running the meeting. I think it might be a good idea if we start with some introductions. Mrs. Nelson, as the patient's daughter and health care agent, I think we should begin with you. I know you are concerned about your father's decision to stop eating and drinking.

Lamar: You have got to be kidding me! How can killing himself be the right thing for Grampa? The hospital is just going along with this because they want to save money.

Sonia: I think you should just butt out, Junior. You haven't visited Grampa even once since he moved to the nursing home. And now you come here with your big concerns. Have you even talked to Grampa?

Tina: Well, I just want to be sure this is the right thing to do. Everything seems to be happening so fast. We have our clergyman's blessing but I just don't know.

Ira: *(pulls out tape recorder)* And, I'm Ira Williams, Sonia's husband. I'm a personal injury attorney and I'll be making a record of this—

Ellen: —You know, Dr. Pierce, I was wondering if it wouldn't have been possible to have Mr. Walton here with us today to speak on his own behalf.

Dr. Allen enters the room, wearing a lab coat and clutching some papers.

Roy: All right, everyone is here I see. I'm Dr. Allen and I'm the director of the Hospice Unit. *(reads from paper)* Let's see...Mr. Walton is an 89-year-old, well-nourished male with RA, CVA, dysphagia, hiatal hernia...

Sonia: *(turns to her mother)* Mom, do you have any idea what he's talking about?

Paula: Dr. Allen, if you could hold your comments for just a few minutes, we are just going around the room doing introductions here.

Roy: Oh, of course, certainly. It's just that I have rounds in 20 minutes...

(Dr. Allen's beeper goes off.)

Role players signal the end of the scenario by all looking down.

Handout 6.2

Planning and Preparation for a Formal Ethics Consultation Meeting

Planning

1. Decide if a formal meeting is needed.

Criteria for holding a formal meeting:

- The patient, surrogate, or other parties are not confident that their interests or views have been accurately represented or fully taken into account.
- The parties are having trouble understanding one another's point of view.
- There are many different parties involved.

Considerations for holding a formal meeting:

- Logistical issues and difficulty arranging the meeting may delay the process.
- The meeting may consume a large number of person-hours (contributing to inefficiency).
- Some participants (especially patients and family) may be uncomfortable speaking in a large group.
- If you haven't assembled all the facts in advance, you may have difficulty managing the discussion and verifying facts as the meeting unfolds.

2. Set the goals of the meeting.

Know what you want to get out of the meeting. Do you want to:

- Ensure that everyone has the same information?
- Open lines of communication and trust?
- Help parties understand each other's views?
- Clarify what decisions need to be made and by whom?
- Resolve the ethics conflict?

3. Select participants.

- Identify all relevant parties.
- Don't overwhelm the patient or family with too many staff.

4. Contact key participants to explain the purpose of the meeting and, as needed, to determine if others should be invited.

5. Schedule the meeting; invite participants.

Preparation

1. Review the information you have gathered.
2. Practice introducing yourself as the ethics consultant.
3. Anticipate questions and how you may address them.
4. Consider which ground rules may be particularly important for this meeting.

PARTICIPANT HANDOUTS

Handout 6.3

Starting a Formal Ethics Consultation Meeting—Self-Assessment

Please check one answer for each of the following items:

Prior to the meeting	Almost Never	Occasionally	Frequently	Almost Always
Review the information you have gathered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice explaining your role as the ethics consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think through the challenges you may face in the meeting and how you may respond to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print copies of the Ground Rules to bring to the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating arrangements	Almost Never	Occasionally	Frequently	Almost Always
I allow participants to determine seating on their own. (Watching where parties sit will often give the ethics consultant information about connections and aversions.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage seating arrangements whereby the patient or family member sits next to those members of the treatment team with whom they have the best rapport, or to break up unproductive alliances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility and timing	Almost Never	Occasionally	Frequently	Almost Always
I am punctual and start on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I communicate that I will be running the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I remind participants of the time scheduled for the meeting and address any concerns about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting goals	Almost Never	Occasionally	Frequently	Almost Always
I explain the goals of the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make sure that all the participants understand the goals of the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I seek affirmation from the participants to pursue the goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set the tone of the discussion.	Almost Never	Occasionally	Frequently	Almost Always
I announce how/if the meeting will be documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I announce that participation is voluntary and anyone, including the patient, may choose not to participate but that the ethics consultation will continue regardless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTICIPANT HANDOUTS

Communicate ground rules, as appropriate.	Almost Never	Occasionally	Frequently	Almost Always
I review the ground rules with participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ask participants whether there are any rules they wish to add or amend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ask participants for their agreement to abide by the ground rules during the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain the ethics consultant's role.	Almost Never	Occasionally	Frequently	Almost Always
I introduce myself as the ethics consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I explain my role as the ethics consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain the ethics consultation process in general and what the parties can expect in relation to the consultation at hand.	Almost Never	Occasionally	Frequently	Almost Always
I introduce the ethics consultation process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I explain what an ethics consultation is, its purpose and limits, scope of authority (or lack thereof), and the relationship between the ethics consultation process and the health care organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I explain what the parties to the consultation can expect from the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invite participants to introduce themselves to the ethics consultant and to the other participants.	Almost Never	Occasionally	Frequently	Almost Always
I remind participants that the common interest of all is the well-being of the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I introduce the patient, even if the patient is absent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ask participants to state their names, how they would like to be addressed, and why they are here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is any conflict at the beginning...	Almost Never	Occasionally	Frequently	Almost Always
I reveal any prior contact with any participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I briefly explain my understanding from these contacts (e.g., that there are differences of opinion among the participants).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I reassure participants that all relevant parties have been invited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage all relevant parties to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I reinforce the previously expressed desire to reach a common goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I focus on the positive prospect of reaching an ethical solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTICIPANT HANDOUTS

Handout 6.4

“Elevator Speech” Activity

Individual Preparation

Drawing from the menu of phrases below, draft a 30- to 60-second speech describing your role as an ethics consultant and the ethics consultation process. Your speech should be general enough in content and language to be understood by anyone with a sixth-grade education (or above) who has no ethics knowledge.

Tip: Start by selecting phrases that you think are most important for your audience to understand in a formal ethics consultation meeting and that feel most natural to the way you would express yourself in that situation.

When you have finished writing out your speech, read it silently to yourself. If it sounds stilted to you, think how you might express the same concepts to a friend, and blend in some of your own manner of speech, without changing the meaning. You want to be precise but not officious.

Read your final draft again and time it. If it runs over 1 minute, prune it back.

Phrases that Describe Your Role as an Ethics Consultant

“My name is [So-and-So]. I am a [title] by training and also trained as an ethics consultant.”

“I help people figure out the right thing to do.”

“I help people work through difficult decisions.”

“I try to provide information based on my knowledge and experience.”

“I help explain what decisions have to be made.”

“I describe possible options that are available.”

“I help clear up any disagreements.”

“I help make sure everyone understands each other’s perspective.”

“I make sure that everyone’s voice is heard and considered.”

“I have specialized training in...”

PARTICIPANT HANDOUTS

First Draft of Elevator Speech

Begin your speech with: “Hello, my name is [your name].”

Second Draft of Elevator Speech (Write after Group Activity Feedback)

PARTICIPANT HANDOUTS

Small-Group Activity (groups of 3 or 4)

- 1 Assign a time keeper. Each person will have 1 minute to try out their speech in front of the small group. Listen carefully so you can provide specific, constructive feedback to each other after everyone has had their turn.
- 2 When everyone has finished sharing, take a few minutes as a group to provide positive and specific feedback to each other. Each member should receive at least one positive comment about an aspect of their speech that worked particularly well, along with at least one concrete suggestion for how to improve their speech.
- 3 Revise your speeches individually using the feedback you've received and the insights you've gained. Record your second draft below.
- 4 Consider who in your group might be the best representative to recite their speech in front of everyone as part of the next exercise.

Participant Name:	Positive Comment:	Concrete Suggestion:

GROUND RULES IN A FORMAL MEETING

- Agree on how long the meeting will last.
- Turn phones and beepers to “vibrate” (if appropriate).
- Try to speak in terms that can be understood by everyone.
- Assure patients/family that their perspective has equal stature with that of clinicians.
- Listen to everyone else.
- Do not interrupt; only 1 person speaks at a time.
- Raise your hand to be acknowledged in turn.
- Allow everyone to finish speaking, but participants should try to be concise.
- Avoid personal attacks or offensive comments.
- If possible, do not leave the room before the process is complete.

Are there any further rules anyone would like to add or amend?
Does everyone agree to abide by these rules during the meeting?